



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED
(See back of last page for instructions)

Check box if partial sale of property
If multiple owners, list percentage of ownership next to name.

Form sections 1-3: Seller/Grantor (Betty Jean Dennison) and Buyer/Grantee (Kathleen Nygren) information, including addresses and tax correspondence details.

Section 4: Property address (616 Sunrise Drive, Clarkston, WA) and location details (Asotin County, Clarkston city).

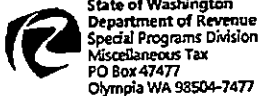
Section 5: Land Use Code(s) (11 Household, single family units) and exemption questions.

Section 6: Continuation and compliance notices, owner signature, and deputy assessor information.

Section 7: Personal property included in selling price and tax calculation table showing Gross Selling Price of \$195,000.00 and Total Due of \$2,637.50.

Section 8: Signatures of Grantor (Betty Jean Dennison) and Grantee (Kathleen Nygren) dated 9-17-21, Clarkston, WA.

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).



AFFIDAVIT (LACK OF PROBATE)

Betty Jean Dennison being first duly sworn, deposes and says:
The undersigned affiant is the rightful heir to the real property described below, and is SPOUSE
(relationship to decedent) of Lawrence Daniel Dennison (decedent), who died on (date)
June 13, 2021, at
Clarkston Asotin Washington
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:
Street
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under County recording number ; OR
Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Betty Jean Dennison, spouse
14432 Kathleen Dr. Bakersfield, CA 93314
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : September 15, 2021

Betty Jean Dennison

Affiant's full name

~~PHONE~~ 509-769-7221

Telephone number

14432 Kathleen Ave

Street

Bataviafield

City

CA

State

93314
~~93304~~ B2

Zip Code

Betty Jean Dennison

Signature

9/15/2021

Date

State of _____ County of _____

I know or have satisfactory evidence that Betty Jean Dennison
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: ___/___/___

(SEAL OR STAMP)

Signature of Notary Public

Residing at: _____

Notary Public in and for the State of _____

My appointment expires: ___/___/___

SEE ATTACHED CERTIFICATE

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Kern
On September 15, 2021 before me, Mercedez Paige, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Betty Jean Dennison
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit (Lack of Probate)
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-028595

DATE ISSUED: 06/30/2021
FEE NUMBER: 127684999

FIRST AND MIDDLE NAME(S): LAWRENCE DANIEL
LAST NAME(S): DENNISON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JUNE 13, 2021
HOUR OF DEATH: 06:10 AM
SEX: MALE
AGE: 69 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 616 SUNRISE DR
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403-2767

SOCIAL SECURITY NUMBER: [REDACTED]
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 616 SUNRISE DR
CITY, STATE, ZIP: CLARKSTON, WA 99403-2767
INSIDE CITY LIMITS: YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: AUGUST 05, 1951
BIRTHPLACE: BAKERSFIELD, CA

FATHER: CLARENCE BENNY DENNISON
MOTHER: BEULAH MAY TILLMAN

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: BETTY JEAN BIAS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BALL & DODD FUNERAL HOME & CREMATORY

OCCUPATION: COWBOY
INDUSTRY: AGRICULTURE
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: JUNE 16, 2021

INFORMANT: BETTY JEAN DENNISON
RELATIONSHIP: WIFE
ADDRESS: 616 SUNRISE DR., CLARKSTON, WA 99403

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

CAUSE OF DEATH:
A: SMALL CELL CARCINOMA OF THE LEFT LUNG
INTERVAL: 4 MONTHS

ADDRESS: 98 EAST FRANCIS
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208
FUNERAL DIRECTOR: FELICIA A. GAINEY

B: INTERVAL
C: INTERVAL
D: INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, TYPE 2 DIABETES, HYPERTENSION

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: JUNE 14, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

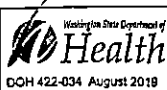
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORNER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: JUNE 16, 2021

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Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

DOH 422-034 August 2018

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)	
1. Name on Record: First Middle Last	2. Date of Event: MM/DD/YYYY
3. Place of Event: (City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden
6. Name of Person Requesting Correction:	Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)

7. Return Mailing Address: PO Box or Street Address	City	State	Zip
Telephone Number: ()	Email Address:		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature:	14b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS -- go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

1. Only the Informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED
SPOKANE REGIONAL HEALTH DISTRICT

JUN 30 2021



Paula L. Maxwell
Paula L. Maxwell
CHIEF DEPUTY REGISTRAR

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